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FOR ACTION

RECOMMENDATIONS FOR FUNDING FOR SHORT-DURATION COUNTRY PROGRAMMES AND FOR ADDITIONAL GENERAL RESOURCES AND SUPPLEMENTARY FUNDING TO FUND APPROVED COUNTRY PROGRAMMES IN THE WEST AND CENTRAL AFRICA REGION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes in the West and Central Africa region with a duration of three years or less that support activities in countries where full-length country programmes are under preparation. It also contains recommendations for additional general resources to fund the approved country programmes in the same region for which the balances of approved general resources are not sufficient to fund the programmes up to the approved programme periods. It also contains a recommendation for supplementary funding in a country in the same region which is aimed at expanding or complementing ongoing programmes in the country concerned. The Executive Director recommends that the Executive Board approve:

(a) The following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below:

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Cameroon	2 800 000	6 000 000	1996-1997
Gabon	750 000	300 000	1996
Guinea	2 000 000	5 415 000	1996
Nigeria	16 000 000	7 000 000	1996
Sierra Leone	3 600 000	6 776 000	1996-1997
Zaire	14 000 000	6 000 000	1996-1997

(b) Additional general resources in the following amounts, totalling $2,038,935, to achieve the objectives of the country programmes as originally approved by the Board:

Country/programme	Amount (United States dollars)	Current programme cycle
Cameroon	750 000	1991-1995
Guinea	715 935	1991-1995
Sierra Leone	200 000	1991-1995
Zaire	373 000	1993-1995

(c) Supplementary funding in the following amount for the programme listed below, subject to the availability of specific-purpose contributions:

Country/programme	Amount	Duration
Guinea	765 000	1995

Summaries of individual recommendations follow.

I. CAMEROON

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	5.8
U5MR (per 1,000 live births)	113
IMR (per 1,000 live births)	71
Underweight (% moderate and severe) (1991)	13.6
Maternal mortality rate (per 100,000 live births) (1980)	430
Literacy (% male/female) (1990)	66/43
Primary school enrolment (% net, male/female) (1989)	82/71
Primary school children reaching grade 5 (%) (1990)	66
Access to safe water (%) (1991)	50
Access to health services (%) (1985)	41
GNP per capita (1992)	$820
One-year-olds fully immunized against:	
tuberculosis:	41 per cent
diphtheria/pertussis/tetanus:	33 per cent
measles:	33 per cent
poliomyelitis:	33 per cent
Pregnant women immunized against:	
tetanus:	49 per cent

The situation of children and women

1. Beginning in October 1992, the move to establish a multi-party democracy in Cameroon has been accompanied by social tensions and insecurity. Falling gross national product (GNP) has been an indicator of economic deterioration. Per capita income fell from $1,086 in 1985 to $997 in 1990 and $820 in 1992. Unemployment, at 19 per cent in 1989, increased to 40 per cent in 1994. Reductions in government budget allocations have had adverse effects on primary health care (PHC), sanitation and potable water services. Studies have highlighted the drastic changes created by the 1994 devaluation of the franc de la Communauté financière africaine (CFA franc) (franc of the African Financial Community) and other structural adjustment measures.

2. In 1993, the infant mortality rate (IMR) was estimated at 71 per 1,000 live births. The main causes of infant death are measles, diarrhoeal diseases, acute respiratory infections (ARI), malnutrition, cerebrospinal meningitis and tetanus. The under-five mortality rate (U5MR) was estimated at 113 per 1,000 live births in 1992, with malaria, measles, intestinal parasites, diarrhoea and ARI among the principal causes. The maternal mortality rate (MMR) is estimated at 430 per 100,000 live births. The main causes of maternal mortality are

haemorrhage, medical complications, infections, anaemia, eclampsia and rupture of the uterus, reflecting a lack of human and material resources for antenatal care, poor hygiene and high incidence of malaria and malnutrition among women.

3. Moderate and severe malnutrition range between 17 and 20 per cent in children under five years of age. The lack of household food security, inappropriate weaning practices, the low level of education of mothers and low birth weight due to inadequate maternal care are among the causes.

4. Since 1990, acquired immune deficiency syndrome (AIDS) has been a growing concern, as the number of cases of human immunodeficiency virus (HIV) increased from 0.9 per cent of the population in 1989 to 2.9 per cent in 1993. Public awareness has increased on the causes and ways to prevent HIV/AIDS, owing to campaigns which have received wide media coverage.

5. With increasing poverty, more children are forced to work. In the larger cities of Yaounde, Douala and Maroua, the number of street children is on the rise. About 250,000 children live in especially difficult circumstances. Pygmy children also lack adequate access to basic services.

6. Cameroon faces great challenges in achieving the mid-decade goals. Government efforts have included a revamped social mobilization strategy and serious attempts to improve coordination of programmes with donors.

7. The use of oral rehydration therapy (ORT) reached 67 per cent in 1993. Iodized salt is consumed by 87 per cent of all Cameroonians. It is not known whether the lack of vitamin A is a significant problem. A code prohibiting the sale of breast-milk substitutes was promulgated in 1993, and greatly fosters breast-feeding and the promotion of the Baby-Friendly Hospital Initiative (BFHI) nationwide. The Convention on the Rights of the Child was ratified in 1991. Following the mid-term review of the country programme in March 1994, the education programme was reoriented to focus on the education of girls. A high-level mechanism is needed for the monitoring and evaluation of the mid-decade goals. Government promotion of the national programme of action (NPA) is crucial for progress towards the achievement of the decade goals.

Programme cooperation, 1991-1995

8. Programme cooperation for the period 1991-1995 aimed to reduce infant mortality through the strengthening of PHC and increasing vaccination coverage, the provision of water supply and sanitation services and the promotion of the education of women. Given the political turbulence and economic crisis, achievements initially were meagre. The mid-decade goals helped to refocus cooperation towards PHC at the district level and education for girls.

Health

9. The programme objectives were to improve vaccination coverage to 80 per cent for each antigen; to increase accessibility to and efficiency of health services; and to ensure sustainability through the implementation of the

Bamako Initiative. There was widespread promotion of oral rehydration salts (ORS) and ORT. Legislation exists to ensure the continuous production and consumption of iodized salt. Unclear information about immunization constrained coverage in the expanded programme on immunization (EPI).

10. Promotion of the Bamako Initiative met with mixed results owing to the lack of a commonly agreed upon strategy, the country's poor economic climate and the lack of a policy to improve the efficiency of the health system. Price distortions adversely affected the availability and accessibility of essential drugs. Following the closure of the United States Agency for International Development (USAID) mission in Cameroon, North, South and Adamawa Provinces, which were originally supported by USAID, were assisted by UNICEF with USAID funds.

Rural water supply, sanitation and hygiene

11. The mid-term review concluded that project management was overly-centralized, with insufficient attention to intersectoral collaboration and community participation. Other problems were high costs and excessive reliance on heavy equipment. A follow-through was the transfer of activities and equipment to the health sector.

12. Dracunculiasis (guinea worm disease) eradication was pursued in one division of the Far North Province; good results were achieved due to strong consultation and coordination between several committed organizations and individuals. The project should be completed in 1995, with the elimination of dracunculiasis in the division.

Education

13. A comprehensive programme review concluded that inadequate design led to difficulties during implementation. Responsibilities were not clearly delineated between the Ministries of Education and Social Affairs. The programme was reoriented to focus on girls' education in the northern region, and was closely attached to school-based interventions for HIV/AIDS prevention, such as the organization of health clubs and the promotion of youth participation in health activities.

Social mobilization

14. The social mobilization programme raised public awareness on child survival, protection and development issues through the media and advocacy with political leaders. Mobilization of all sectors for the NPA has been initiated with parliamentarians and an initiative on Mayors as Defenders of Children. Posters on guinea worm eradication, audiovisual aids on children's rights, mid-decade goals and HIV prevention were produced and distributed to over 1 million people.

Lessons learned

15. The mid-term review concluded that cooperation focused too heavily on the provision of some supplies and equipment such as vehicles. Greater emphasis should be placed on activities that lead to capacity-building and community empowerment and reinforce cooperation with government and local partners, including non-governmental organizations (NGOs). Increased emphasis also is needed on social mobilization. Low vaccination coverage requires the strengthening of EPI. Reorientation of PHC requires strategies to increase utilization of health services, community participation in management of services and cost-sharing, and more emphasis on preventive care. The Government should be more involved in monitoring and evaluation of the country programme and play a stronger leading role in evaluating progress towards achieving the decade goals. Improvements in service delivery for health and water supply and sanitation have been achieved, but there is substantial reliance on external assistance. Activities should strengthen self-reliance and sustainability.

Recommendation for additional general resources for the approved country programme, 1991-1995

16. The programme of cooperation for the period 1991-1995 was approved by the Executive Board in 1991 with a general resources allocation of $980,000 per year (E/ICEF/1991/P/L.6). In 1993, the planning level was increased to $1,100,000 per year and an additional $597,120 in general resources were allocated (E/ICEF/1994/P/L.31). In 1994, upon review of the country's indicators and to accelerate progress towards achievement of the mid-decade goals, the yearly planning level was increased to $1,400,000. Thus, an additional $750,000 in general resources are required for 1995 to continue the current approved programme activities which include EPI, ORT and BFHI.

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1995
1991-1995	5 497	750

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

Recommended programme cooperation, 1996-1997

Estimated annual expenditure

(In thousands of United States dollars)

	1996	1997	Total
General resources			
Primary health care	450	450	900
Education	200	200	400
Integrated development, monitoring and evaluation	400	400	800
Advocacy/social mobilization	100	100	200
Programme support	250	250	500
Subtotal	1 400	1 400	2 800
Supplementary funding			
Primary health care	2 000	2 000	4 000
Education	550	550	1 100
Integrated development, monitoring and evaluation	300	300	600
Advocacy and social mobilization	150	150	300
Programme support	-	-	-
Subtotal	3 000	3 000	6 000
Total	4 400	4 400	8 800

Goals, objectives and strategies

17. The main objective of the short-duration programme for the period 1996-1997 will be to provide a transition from achievement of mid-decade goals to accelerated efforts for achievement of the decade goals. UNICEF cooperation will support a strategy to establish decentralized, sustainable and community-managed social services, which will complement national capacity-building efforts. A service coverage strategy will focus on the reduction of disparities, especially in the underserved north, where one third of the population live.

Primary health care

18. A major PHC effort is to increase vaccination coverage, reduce diarrhoea-related deaths, increase exclusive breast-feeding and promote safe motherhood. UNICEF will provide support for outreach services, vaccination supplies and equipment for nationwide coverage. Health personnel, NGOs and

communities will elaborate jointly a plan of action for each province, thereby defining roles for all key parties. UNICEF will continue high-level advocacy for better programme coordination between the Government and donors. Community health workers and supervisors will receive training related to sustainability. Effective monitoring mechanisms will help to strengthen management, improve efficiency and improve evaluation. UNICEF also will support logistics and provide vaccines through a national drug supply system in collaboration with the European Union and the German Agency for Technical Cooperation (GTZ).

19. PHC services will be implemented with UNICEF assistance in East, West, Centre, South, North and Adamawa Provinces. The strategy is based on the Bamako Initiative and covers 6 of the country's 10 provinces for 60 per cent of the 7 million people in these areas. The objective is to provide a minimum health care package that includes EPI, diarrhoea case management, ARI, malaria, sexually transmitted diseases (STDs), antenatal and post-natal care, family planning and micronutrient supplementation. The development of community-based problem-solving processes and advocacy for a revised national nutrition policy will be areas of focus. UNICEF will support a survey to assess the extent of vitamin A deficiency. Should there be a significant problem, UNICEF also will assist with the formulation of activities for its virtual elimination.

Education

20. The objectives are to increase the overall enrolment of girls, specifically, in the northern provinces; to improve the success of girls in school; and to increase the number of girls and boys who complete the primary cycle. At the national level, policy development and research will be priorities; activities in the Bamako Initiative provinces will be linked to health promotion for women.

21. Advocacy with political leaders, parents and communities will focus on the importance of basic education and the education of girls in particular. UNICEF support will cover training of teachers, government workers, animators and community development agents on the basic needs of the young child and the promotion of education. UNICEF will support the development of legislation relevant to basic education. The project also will promote a partnership in which communities will collaborate with NGOs, the Ministry of Education, other donors, religious and traditional schools, and the private sector for improved management and promotion of primary education.

22. The development of non-formal education will enable a 15 per cent increase in enrolment. Policies also will be formulated which encourage early childhood development (ECD) and reduce the number of drop-outs, especially for the almost 460,000 girls who drop out annually, as well as for children in especially difficult circumstances.

Integrated development, monitoring and evaluation

23. The programme aims to improve the living conditions of 100,000 women and 700,000 children through a strategy of multisectoral activities in the areas of health, nutrition, water supply and sanitation, education, promotion of women, and community participation and organization in both urban and rural areas. UNICEF will support policy formulation on integrated development and poverty alleviation. Intersectoral coordination mechanisms will be instituted to improve programme efficiency. The Ministries of Economy and Finance and Social Affairs as well as NGOs will play important roles in coordinating, monitoring and evaluating programme activities. Workers will be trained to promote gender sensitivity in development. Cost-effective interventions and appropriate technology will be promoted.

Cooperation with other agencies

24. Inter-agency coordination, which produced a consensus in the preparation of the new programme, should be strengthened throughout programme implementation. New partners will become important, as many of the activities will be implemented with NGOs and other groups. In education, UNICEF will continue to collaborate with the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Bank. The World Health Organization (WHO), the United Nations Population Fund (UNFPA), USAID, the European Union, French Cooperation and GTZ are participating in the development of the Bamako Initiative for nationwide coverage of PHC. The United Nations Development Programme (UNDP), the Food and Agriculture Organization of the United Nations, the World Food Programme, the World Bank and UNICEF work closely together with the Government in nutrition, social policy planning and in preparing a country strategy note for government cooperation with United Nations agencies.

II. GABON

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	0.5
U5MR (per 1,000 live births)	154
IMR (per 1,000 live births)	93
Underweight (% moderate and severe)	..
MMR (per 100,000 live births) (1983)	190
Literacy (% male/female) (1990)	74/49
Primary school enrolment (% net male/female) (1987)	50
Primary school children reaching grade 5 (%)	..
Access to safe water (%) (1988)	68
Access to health services (%) (1983)	90
GNP per capita (1992)	$4,450

One-year olds fully immunized against:

tuberculosis:	97 per cent
diphtheria/pertussis/tetanus:	66 per cent
measles:	65 per cent
poliomyelitis:	66 per cent

Pregnant women immunized against:

tetanus:	70 per cent

The situation of children and women

25. Gabon has a total population of 1,011,710 inhabitants, 51 per cent of whom are under 15 years of age. Despite its wealth in natural resources (oil, mineral ore, lumber) yielding a per capita income of $4,450 which ranks it among the middle-income countries, Gabon's survival and development indicators show that it has been unable to establish the groundwork necessary for sustainable development. In the period 1985-1990, the infant mortality rate (IMR) was established at 93 per 1,000 live births, the under-five mortality rate (U5MR) at 154 per 1,000 live births, and in 1991 the percentage of children weighing less than five pounds at live birth was 11.3 per cent. The maternal mortality rate (MMR) is estimated at 190 per 100,000 live births. Thus, Gabon shows a negative gap of 72 points between its rank as measured on the Human Development Index (1994) and that which corresponds to its GNP.

26. Despite the implementation of various structural adjustment programmes (SAP) since 1986, the burden of the external debt, with total outstanding and service obligations representing 183 per cent of the GNP and 88 per cent of export revenues, has been worsened as a result of the recent devaluation of the CFA franc. This situation makes it harder to finance development programmes,

thus contributing to a deterioration in the living conditions of mothers and children.

27. The main causes of under-five infant death are acute respiratory infections (ARI), diarrhoeal diseases, malaria, measles and protein calory malnutrition. The main causes of maternal mortality are haemorrhaging, infectious toxic shock, foetal-pelvic disproportion, eclampsia and induced clandestine abortions. In addition, the existence of epidemic diseases such as AIDS, which infects pregnant women in Libreville at an estimated rate of 3 per cent, further dims any prospects of reduced mortality in the years to come.

28. The rate of access to health services, estimated at 78 per cent, does not reflect their actual effectiveness because of poor operating conditions at the facilities resulting from a scarcity of qualified personnel, equipment, drugs and logistical support. Moreover, despite coverage rates of 78 per cent for general prenatal care and 80 per cent for assisted deliveries, the high maternal mortality rate reveals fundamental problems with either the quality of care or the reliability of available data. The portion of the State budget allocated to the health care sector between 1990 and 1993 rose from 4.7 to 5.2 per cent, or 80 dollars per capita annually in constant dollars. However, the allocation of financial resources favours tertiary hospital care to the detriment of community-based preventive and promotional activities.

29. Lacking a comprehensive survey of the prevalence of protein energy malnutrition and micronutrient deficiencies in young children, data collected from various medical units throughout the country show that a growing number of protein energy malnutrition cases are being recorded. While the significance of iodine deficiencies is increasingly recognized, Vitamin A deficiencies do not appear to be a public health concern due to the consumption of palm oil. Breast-feeding is practiced by 30 per cent of the women in urban areas and 40 per cent in rural areas, but it is neither exclusive nor prolonged.

30. Gross enrolment in primary schools is about 126 per cent, with girls representing about 50 per cent of enrolments. However, the education system continues to perform poorly with respect to quality: for every 1,000 students starting their first year of primary school, 510 repeated once, 260 repeated twice, 130 repeated three times and only 33 received a degree after completing the standard six-year cycle. Such poor results partly account for the persistence of a relatively high rate of illiteracy at 35 per cent (1990). In addition, pre-school education is rare and available only in urban areas.

31. Sixty-eight per cent of the population has access to safe water. With respect to basic sanitation, an adequate system of excreta disposal is available to 60 per cent of the urban population, but urban centres are faced with severe problems of sewage and garbage disposal and rainwater drainage.

32. While the law guarantees equal rights for men and women, in practice it is not widely enforced. Women are disadvantaged with respect to their marital status due to the practice of polygamy and early marriages; with respect to their health which is jeopardized by STD and hazardous pregnancies; and at the

professional level by being restricted to household chores and other underpaid activities, all of which constitute obstacles preventing women from fully performing their economic and social function.

Programme cooperation, 1993-1995

33. In 1993, at the request of the Government, the Board of Directors of UNICEF approved a three-year interim programme of $2,250,000 dollars funded from general resources, as well as the opening of a sub-office in Libreville to provide improved monitoring of UNICEF-supported activities. The programme is mainly concerned with EPI activities, the control of diarrhoeal disease (CDD), the Baby-Friendly Hospital Initiative (BFHI) as well as advocacy to prepare a suitable cooperation programme for the coming years. The socio-political instability which the country has been experiencing since the start-up of the programme has hindered implementation and limited the impact of the interim programme.

34. Despite UNICEF's support of EPI, particularly in the areas of training, supervision, social mobilization, and in providing equipment and vaccines, immunization coverage has continued to slide from 70 per cent in 1990 to 66 per cent in 1993. EPI remains heavily dependent on outside technical and financial support, despite a gradual phasing-out of mobile teams.

35. Despite significant efforts made on behalf of the project of disease control in the areas of management training and logistical equipment supply, the number of ORT units in operation remains low and prepared ORT is used at a rate of only 10 per cent. Reactivation activities have begun to be carried out since the second half of 1994 in the expectation of a redefinition of the national policy towards assuming the diarrhoeal caseload.

36. UNICEF's permanent presence through its newly opened sub-office has led to a revival of BFHI, which resulted in: the transformation of two of the capital's main hospitals into "Baby-Friendly Hospitals", to be extended to hospitals throughout the country; a Ministerial Order prohibiting the free or subsidized supply of maternal milk substitutes in hospitals and maternity centres; and the preparation of a national code regulating the marketing of milk substitutes.

37. Advocacy activities resulted in the signing of the World Summit for Children Declaration by the President of the Republic on 2 July 1991, the ratification of the Convention on the Rights of the Child in February 1994 and the launching of a situation analysis of children and women with the participation of national experts, which will be used to design the first country programme for a collaboration between Gabon and UNICEF. The NPA is currently in its last stages of completion.

Lessons Learned

38. UNICEF's actual presence in the country helped to restructure and revitalize current projects by increasing collaboration among partners through

periodic meetings; by setting up a regular project monitoring system; and through advocacy to address the critical need for available updated and valid data, as well as to formulate a national policy concerning various areas directly involving children's survival, protection and development. The structural constraints which the country has experienced weighed heavily against programme implementation and contributed to its poor results.

Recommended programme cooperation, 1996

Estimated annual expenditure

(Thousands of United States dollars)

General Resources	1996
Health	450
Advocacy	50
Programme support	250
Subtotal	750
Supplementary funding	
Health	200
Advocacy	50
Programme support	50
Subtotal	300
Total	1 050

Programme strategy and objectives

39. This intermediate programme, which covers a period of 12 months (January-December 1996), will serve to refocus UNICEF's cooperation to: (a) help reach the objectives set by the World Summit for Children for the year 2000; (b) collaborate with the other partners in considering reforms in the health system; (c) finalize the NPA based on data from the situation analysis of children and women; and (d) provide advocacy to deal more effectively with the problems affecting children and women in national strategies, and to strengthen national capacities. Provisions were made for a new five-year cooperation programme covering the period of 1996-2000 which was to be submitted in 1995 for the approval of the Board of Directors. Ultimately, the option of a one-year transition programme was chosen in order to provide the Government administration with the time it requires to consolidate the democratic process and to avail itself of improved conditions in the status of children resulting from political stability, thereby enabling it to chart a five-year cooperation (1997-2001); and to ease the process of synchronizing the programme cycles of the United Nations agency system.

40. The programme will contribute to broadening the bases for the enhancement of PHC implementation in Gabon. Breaking with its former vertical approach, it will help develop a rational health system based on the strategy embodied in the Bamako Initiative, which aims to provide the population with a minimum quality service package based on financing and management-sharing with the public.

41. The strategies chosen are: (a) to strengthen national capacities in the area of social planning; (b) to develop machinery favouring integrated interventions among the different sectoral programmes; (c) to encourage decentralization of planning and management for the different projects; and (d) to establish a partnership committed to the objectives of the year 2000 to benefit children.

Health

42. The health programme aims to revitalize actions to achieve the objectives set for the year 2000 by maintaining at 80 per cent the level of vaccine coverage for the three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3) and at 90 per cent for tuberculosis and measles for children under one year of age, by: (a) insuring that women of child-bearing age are covered against tetanus in order to eradicate neonatal tetanus; (b) reducing by 30 per cent the under-five mortality rate due to diarrhoea; and (c) contributing to a reduction in protein-energy malnutrition and the eradication of micronutrient deficiencies. In order to reach these goals, the programme will implement actions based on increasing access, strengthening the decentralization of health care management and considering reforms of the health care system.

43. UNICEF will supply vaccines, ORS packets, and EPI and ORT logistical equipment; it will provide financing for the training and supervision of health officers in order to improve health centre operations as well as for social mobilization to increase the use of services and improve community attitudes and behaviour; it will support the organization of a round table on health care reform, the exchange of lessons learned among countries sharing comparable economic backgrounds with Gabon and the development of human resources.

Advocacy

44. This programme aims to provide advocacy for a greater awareness and respect of children's rights. It will be founded on increased knowledge of the situation of children and women through a refocusing of national development policies and strategies in favour of better adapted basic social services. Advocacy activities will be concerned with completing the NPA based on the situation analysis of children and women; the implementation of administrative and financial measures favouring the social sectors; the involvement of UNICEF, the European Union and the French Fund for Aid and Cooperation in considering ways and means to streamline the health system by adopting the Bamako Initiative approach and the launching of preliminary activities to create a suitable institutional framework.

Programme support

45. Discussions are under way between the Government and UNICEF concerning the possibility of having the State share in the operating expenses of the office (free lease, electricity and water) as well as through a financial contribution of approximately 300,000 dollars to carry out the current programme. UNICEF would maintain an office in Gabon with the administrative and technical staff required to provide efficient management in its cooperation with the Government.

Monitoring and evaluation

46. Programme monitoring will be carried out by UNICEF in cooperation with the Government. There will be field visits and planned reviews; periodic evaluations will also be conducted.

Cooperation with other agencies

47. Harmonization and cooperation with the other partners will be maintained and consolidated so that the programme may benefit from the support and collaboration of several development agencies such as the United Nations Development Programme (UNDP), the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the Fund for Aid and Cooperation to the States of the Community (FAC), the European Union, and national and international NGOs. A special effort will be initiated to mobilize resources from the private sector.

Programme management

48. The Representative for the area of Brazzaville, Congo, is in charge of the UNICEF office. A resident programme administrator will provide coordination with sectoral programmes, with the technical and operational support of national and international administrators from the Area office. An assistant in charge of operations will coordinate financial and administrative tasks, logistics and supplies as well as personnel management.

III. GUINEA

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	3.1
U5MR (per 1,000 live births)	226
IMR (per 1,000 live births)	133
Underweight (% moderate and severe)	..
MMR (per 100,000 live births) (1987)	800
Literacy rate (% male/female)	35/13
Primary school enrolment (% net male/female)	34/17
Primary school children reaching grade 5 (%) (1991)	59
Access to safe water (%) (1993)	55
Access to health services (%)	80
GNP per capita	$510

One-year olds fully immunized against:

tuberculosis:	76 per cent
diphtheria/pertussis/tetanus:	55 per cent
measles:	57 per cent
poliomyelitis:	55 per cent

Pregnant women immunized against:

tetanus:	61 per cent

The situation of children and women

49. A poor country despite its mineral wealth, which includes two-thirds of the world's bauxite deposits, and with a gross national product per capita estimated at $510 in 1992, Guinea ranks among the low-income countries. While helping the gross domestic product (GDP) to grow at a rate exceeding 4 per cent in real terms with a yearly inflation rate of 10 per cent, the current structural adjustment programme (SAP) has been only moderately successful. The burden of the debt remains significant; debt overhang and service obligations, which have reached an average of 80 per cent of the GDP and exceed 20 per cent of import revenues for the period 1986-1993, continue to tax the State's resources. It is estimated that about 30 per cent of the population of Conakry, the capital, is now living below the poverty threshold. However, despite its economic difficulties, the country has experienced positive results in the area of health coverage. The rate of vaccine coverage has significantly increased since the implementation of the expanded programme on immunization (EPI), primary health care (PHC) and essential drugs. From 1986 to 1993, coverage rates rose from 5 to 76 per cent for the anti-tuberculosis vaccine (BCG); from 1 to 55 per cent for the DPT3 vaccine and the three doses of the polio vaccine; and from 2 to 57 per cent for measles. In 1994, health centre coverage attained 84 per cent, but the use of services varies from region to region.

50. However, a still high infant mortality rate of 133 per 1,000 live births and a maternal mortality rate of 500 per 100,000 live births in Conakry, which sometimes attains 800 per 100,000 live births for rural areas, would indicate that the use of services remains low. Indeed, pregnancy and delivery monitoring remains weak with only 37.7 per cent of women making neonatal visits and 12 per cent of the deliveries being assisted at health centres. Malaria and diarrhoeal diseases are still the main causes of child mortality and morbidity, despite significant gains made in the control of diarrhoeal diseases due to the adoption of a strategy of decentralized access to ORS packets.

51. Underweight (weight in relation to age) affecting under-five children ranges from moderate to severe (26.3 per cent) and severe (8.7 per cent), and is prevalent throughout the country. Problems caused by iodine deficiency affect 70 per cent of the school population. Eighty-five per cent of mothers practice breast-feeding, but according to a recent survey, only 43 per cent practice exclusive breast-feeding for a duration of two years.

52. As a result of the crisis situation affecting public finances which restricts potential investments in the social sectors, the share of the State's budget allocated to the health sector remains low: 5.4 per cent in 1992, 3.8 per cent in 1993 and 4.5 per cent in 1994. The Government, conscious of the challenges of public health, has pledged to increase its share in order to meet the objective set for 1995 of achieving 100 per cent administrative coverage.

53. With respect to basic education, a structural adjustment programme (SAP) for the educational sector implemented with the assistance of the International Development Association, FAC and the United States Agency for International Development, along with the non-school educational strategy supported by UNICEF, has given encouraging results. Total enrolments went from 28 per cent in 1990 to 40 per cent in 1993; enrolment of girls went from 19 per cent in 1990 to 32 per cent in 1993. Nevertheless, the illiteracy rate of 72 per cent remains among the highest in the world, attaining 87 per cent for women.

54. National safe water coverage is at 55 per cent. Sanitation coverage, which remains low (approximately 10 per cent in rural areas), is inadequate in the cities due to overcrowding in housing, especially in Conakry, resulting in the prevalence of diarrhoeal and infectious diseases.

55. Working children represent 70 per cent of children living in especially difficult circumstances in urban areas. A Committee for the Defense of the Rights of Children is currently being formed. While Guinean women are equal to men before the law, they are granted few rights as yet and suffer from discrimination in various areas (access to land, property, credit, inheritance rights). The Family and Personal Status Code which is currently being finalized could become an important step towards improving the status of women.

Programme cooperation, 1991-1995

56. The 1991-1995 cooperation programme was designed to reduce MMR, IMR and morbidity and mortality rates, to improve the standard of living of the most

vulnerable groups, to strengthen institutional capacity and to promote community involvement. In the course of its implementation, the Government has formulated a NPA and a plan of action to meet mid-term objectives which has led to a growing mobilization of the national authorities in matters concerning children. A conference of donors organized in June 1994 around the NPA and plan of action, a budget restructuring survey completed in July and the launching of a national debt conversion process have helped strengthen advocacy to increase the resources of priority social sectors. The results of the mid-term review conducted in February 1994 have helped to redirect the cooperation programme in order to bolster the Government's efforts to achieve mid-term objectives.

57. In the area of health and nutrition, the EPI/PHC and essential drugs programme is now following the strategy of the Bamako Initiative, which helped to produce the results registered for EPI since 1991 and provided the public with a minimum quality service resulting from the principles of financing and management-sharing based on the public's participation in improving health services. UNICEF provided technical assistance for this programme as well as vaccines, generic drugs and equipment, and it also financed the training and recycling of health service personnel and community representatives on the management committees. Services provided by the health centres gradually expanded to include nutritional surveillance, STD and AIDS control and family planning. Two hundred health centres are currently self-sufficient in renewing their stock of essential drugs. The extent of iodine deficiencies has been evaluated and actions to combat it are under way, particularly through the iodizing of salt.

58. UNICEF support of basic education was intended to improve the enrolment rate of girls in the school system and support literacy. Four hundred and fifty basic literacy centres and 160 post-literacy centres were opened and an innovative approach (the Nafa centres) was launched to recover unenrolled children or school dropouts (especially girls) aged 10 to 16. With the help of a contribution from the National Finnish Committee for UNICEF, it was possible to open 6 Nafa centres and give support to 12 women's groups for literacy activities in Central Guinea. UNICEF advocacy also made it possible to mobilize the Government and the other donors, especially those participating in the structural adjustment programme, such as the United States Agency for International Development and the World Bank, in support of the enrolment of girls. The "children for children" programme, which has now been consolidated, will be extended to all of the country's schools beginning in 1995, and serve as a model for a "women for women" programme which will introduce education for health into the literacy centres and the Nafa centres. UNICEF has also supported 20 community leadership training centres and above all has encouraged thinking about early childhood policy and national priorities.

59. With respect to water supply the objective of 6,100 water points was achieved, making possible a rural coverage rate of 65 per cent beginning in 1993. UNICEF provided institutional support of the national water point improvement service, financed drilled wells and wells, improved water sources and began the construction of water storage reservoirs. In the field of sanitation, UNICEF, with the active participation of the communities, joined

with various NGOs in increasing awareness and the construction of latrines by supporting the establishment of a sanitation brigade and alerting the Government and donors to the need for a national policy. About 11 water points and 4 rain water storage reservoirs serving 12 women's groups in Central Guinea were built with funding from the National Finnish Committee. The urban development support programme at Conakry made it possible to establish sanitation infrastructures, develop and strengthen information, education and communication activities (IEC) and develop a strategy to mobilize women and artisans for active participation in improving sanitation and hygiene in their living quarters. In the school environment, the programme made it possible, through the introduction of environmental education into the curriculum, to establish ecological clubs and to publish the "Clean school, green school" bulletin.

60. The social mobilization and advocacy programme made it possible to work out a communication plan to improve the impact of UNICEF-supported initiatives. The programme's other accomplishments relate to the establishment of children's committees in all of the country's prefectures; the ratification of the Convention on the Rights of the Child; the preparation of the NPA and the plan of action to achieve the mid-term objectives; the initiation of a National Immunization Day; the dissemination in national languages of themes relating to childhood through rural radio programmes and the use of "Facts for Life", which was translated into national languages. It was also possible to strengthen the strategic alliances with religious leaders, artists, intellectuals and the children's committees.

61. UNICEF has also provided assistance in health, basic education, water supply and sanitation infrastructure to the refugees from Liberia and Sierra Leone, who now number more than 700,000, and the approximately 80,000 Guineans displaced from their villages between 1989 and 1993.

Lessons learned

62. Past cooperation has demonstrated that: (a) improvement and the consolidation of results in the fields of health, nutrition and safe water supply, among others, require a rapid increase in the level of enrolment and education of the Guinean populations; (b) the IEC project's educational communication should continue to be a basic vehicle for the transmission of information to the communities and their active participation in communal life; (c) a national PHC policy should be formulated, based on the Bamako Initiative strategy which made it possible to perpetuate the results of the EPI; (d) in the water and sanitation sector, UNICEF should henceforth orient its activities towards sanitation in view of the presence of several donors in the safe water supply sector; (e) the social statistics area requires increased attention in order to establish a system of collection, analysis, monitoring and evaluation of the data; (f) the NPA and plan of action to reach the mid-term objectives have provided an opportunity to include and maintain on the political agenda child survival, protection and development; and (g) the preparation and implementation of a human development programme in Guinea offers an opportunity to integrate children into a coherent overall social programme which would

supplement the programme of economic and financial reform and incorporate the NPA.

Recommendation for the funding from additional general resources of the approved country programme, 1991-1995

63. The programme of cooperation between the Government of Guinea and UNICEF for the 1991-1995 period was approved in 1991 by the Governing Council in the amount of $9,250,000 from general resources (E/ICEF/1991/P/L.8). In 1993 the annual planning ceiling for Guinea was increased. In order to compensate for this increase and with a view to accelerating attainment of the mid-decade objectives, a supplementary allocation from general resources of $765,000 is therefore required for 1995.

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1995
1991-1995	1 284	716

a/ The amount indicated here includes the real balance carried over from the previous programme cycle.

64. In order to fund three new projects, the Governing Council is requested to approve an amount of $765,000 in supplementary funding, subject to the payment of contributions for special purposes.

Estimated annual expenditure

(In thousands of United States dollars)

Programme	1995
Integrated rural development	550
Human development support	100
Emergency	115
Total	765

Recommended programme cooperation, 1996

Estimated annual expenditures

(In thousands of United States dollars)

General resources	1996
Health	700
Water and sanitation	350
Education	300
Information and communication	335
Urban development support	200
Policy and social statistics support	115
Subtotal	2 000
Supplementary funding	
Health	2 010
Water and sanitation	1 245
Education	730
Information and communication	200
Urban development support	150
Integrated rural development	730
Human development support	200
Emergency	150
Subtotal	5 415
Total	7 415

Programme goals, objectives and strategies

65. The proposed programme covers a period of 18 months (July 1995-December 1996). The option of short-duration cooperation was chosen in order to: (a) facilitate the refocusing of the country programme initiated in order to attain the mid-decade objectives; and (b) implement the agreement reached at the country level to harmonize the programme cycles of UNFPA, UNDP, WHO and UNICEF and ensure synchronization during the period 1997-2001).

66. The programme will thus contribute to: (a) reducing the IMR and MMR by achieving the 1993-1995 mid-term objectives; (b) consolidate the national bases for achievement of the decade objectives laid down in the NPA for the period 1992-2000, especially with respect to basic education. The programme will be based on the strategies of: (a) actual participation by the beneficiary groups in the activities undertaken; (b) the strengthening of national capacities with respect to the planning and management of social programmes; (c) the strengthening of communication activities in order to make possible effective transmission of basic information to families and greater participation; (d) the strengthening of mechanisms for the integration of the various sectoral programme activities; and (e) cooperation with the other organizations functioning in the field in order to maximize the effect of the resources invested.

Health and nutrition

67. The objectives of the programme are to achieve national coverage in essential health care services between now and the end of 1995 and to help ensure maintenance of the coverage subsequently. In particular, the programme will make it possible by 1995 to increase the coverage rates, and to maintain at those levels: (a) coverage of DPT3 and measles from 70 to 80 per cent; (b) of BCG from 60 to 80 per cent; (c) of tetanus among women of child-bearing age from 60 to 80 per cent; (d) of ORT use from 60 to 80 per cent; (e) to reduce the rate of severe and moderate malnutrition from 31.5 to 16 per cent; (f) contribute to the maintenance of exclusively maternal feeding up to the age of 6 months and promote and introduce the BFHI in the country's 33 hospitals; (g) help achieve universal iodization of the salt produced and consumed in Guinea; and (h) ensure that at least 200 health posts are filled in order to increase access to care.

68. The programme will be based on the Bamako Initiative strategy with two new goals, the establishment of at least 50 rural maternity centres to reduce maternal mortality, and combatting STDs by informing young people, especially girls. The health programme will include two projects: health care and management. The health care project will carry out the following activities: (a) the training and recycling of health centre workers in the hospitals; (b) the provision of vaccines and essential drugs; (c) the equipment of health centres and stations; (d) application of the community-based information system; (e) salt iodization; and (f) promotion of maternal nursing. The management project will essentially carry out monitoring, evaluation and operational research activities. Special support will be given to the national sanitation information system in order to monitor achievement of the objectives in

correlation with the semi-annual monitoring carried out in all the country's health centres.

Education

69. The objectives of this project are: (a) to achieve a rate of primary school admission of 60 per cent in 1995 and to increase the rate in subsequent years; (b) to reduce by one third the disparity between the sexes so as to achieve an admission rate for girls of 35 per cent and to increase the rate in subsequent years; (c) to improve teaching quality; (d) to reduce the total illiteracy rate from 72 to 40 per cent by the year 2000 and from 85 to 67 per cent among women; and (e) to extend coverage to early childhood, i.e., about 100,000 children aged 3 to 6, through the two systems of formal and non-formal education. The main strategy will continue to be support of non-formal education through the teaching of literacy and the Nafa centres. It will be complemented by support of formal education through the elimination of stereotypes unfavourable to the enrolment of girls, and increasing the awareness of teachers, parents and opinion leaders on the enrolment of girls.

70. The programme will include 3 projects: (a) institutional strengthening of basic education; (b) promoting the enrolment of girls; and (c) adult functional/educational literacy. The institutional strengthening project will make possible: (a) the provision of equipment and supplies for governmental structures at the central, regional and prefectoral levels; (b) training of local staff at the central, regional and prefectoral levels in management and monitoring; and (c) support of the preparation of a national early childhood policy and continuation of the "children for children" experiment.

71. The goals of the project to promote girls' enrolment will be: to increase the girls' enrolment rate from 32.7 per cent in 1994 to 40 per cent in 1996; and to increase the primary school enrolment rate for girls from 23 per cent in 1993 to 35 per cent in 1996. The project's activities will consist of the opening of women's Nafa centres in the country's four regions; the training and motivation of teachers at the primary level; and increasing the awareness and knowledge of families, school staff and teachers. The functional literacy project will make it possible to analyse the literacy situation in the four regions; to refocus the system and implement its new approach; to continue to open women's literacy centres in the regions concerned and to supply them with technical assistance and equipment.

Rural water and sanitation

72. The objectives of the project are to increase by 10 per cent the sanitation coverage rate in 200 villages throughout the country; and to ensure safe water consumption by 90 per cent of the households in the 200 villages in which modern water points have been installed. With respect to water, the project will reduce the breakdown rate of the pumps so as to ensure full use of the infrastructures put in place. A strategic element of the programme will be the promotion of community participation, and a multidisciplinary approach will make

it possible to achieve a synergistic effect from the activities already being carried out.

73. The programme includes 2 projects, for safe water supply and for environmental sanitation. The activities to be carried out within the framework of the safe water supply project will be: (a) the training and recycling of local workers in community participation techniques; (b) the establishment of a system of water point monitoring; (c) awareness/education of the beneficiaries of the modern water points in water hygiene methods; (d) experiments with innovative technologies; (e) technical support with respect to seeking funding of the water points; and (f) renovation of the national village water supply policy. The environmental sanitation project will cover: (a) the construction of latrines in public places (health centres, schools, markets and mosques); (b) the creation of a second sanitation brigade; (c) training of village masons in the construction of family latrines; (d) training of health workers and teachers in the promotion of hygiene and sanitation and environmental protection; (e) increasing community awareness and knowledge of latrine maintenance, hygiene and environmental protection; and (f) helping to work out a national sanitation policy.

Urban development support

74. The programme aims to: (a) improve the safe water supply and sanitation; (b) strengthen the capacities of the State services, decentralized structures and local authorities involved in the planning, coordination and supervision of urban services; (c) reduce the rates of diarrhoetic illness and malaria, which are related to the lack of hygiene and sanitation in the neighbourhoods of Conakry. To achieve these goals, the programme will again rely on the strategy of community participation and management and on strengthening coordination between the urban programme and the other IEC programmes.

75. The programme consists of two projects on basic environmental protection and on strengthening basic organizations and services. The basic environmental protection project will enable the construction and repair of water and sanitation installations; establish and strengthen garbage collection units; and increase motivation at the neighbourhood and family levels. The project for strengthening basic organizations and services will make it possible to introduce "clean green school" activities in new schools and provide technical assistance and teaching materials for the training and recycling of women's groups and local artisans.

Integrated rural development

76. The main goals of the programme are to lighten the workload of women and girls and to provide training and minimum basic education for women and girls to facilitate their access to the various services offered (health and nutrition, water and sanitation) and their participation in improving their living conditions. The strategies will consist of involving communities and local authorities in the planning and implementation of the project, the use of

existing infrastructures, coordination with the other actors in the field and support of women's groups.

77. Two projects will be carried out as parts of the programme: (a) improvement of the living conditions of girls and women; (b) management and evaluation support. The project for improvement of the living conditions of girls and women will make it possible: (a) to develop women's groups; (b) to inform and educate communities (leaders, rural radio and prefectural children's committees) on subjects relating to child survival and development; (c) to construct and repair water points, latrines and laundries and to make available appropriate technology to lighten women's work; (d) to open Nafa and literacy centres and equip them to promote the education of girls and women; (e) to support safe maternity activities by equipping health centres and stations and by the training and recycling of 100 village midwives; and (f) to consolidate the community-based information system in order to improve the nutritional situation. The management and evaluation support project will carry out knowledge/attitude/practice studies to determine the activities most likely to promote positive behaviour with respect to health, hygiene and the education of girls and to make possible the coordination of supervision and evaluation.

Information, education and communication

78. The goal of the programme is to: (a) strengthen and extend the partnership in favour of the objectives of the NPA and the 1993-1995 plan of action; (b) motivate and mobilize decision makers, religious leaders, the media and public opinion on the need to give children and women priority in socio-economic programmes; (c) provide information on the situation of children in Guinea in order to ensure their survival, protection and development; and (d) support the other programmes in achieving their objectives.

79. Two projects will be carried out as part of this programme: (a) advocacy and social mobilization, and (b) IEC. The advocacy and social mobilization project will carry out advocacy activities with the Government and legislators; support mayors in the preparation of community childhood plans; and organize media campaigns on the mid-decade objectives. The IEC project will assist in the production and dissemination of messages on child survival, protection and development by the modern and traditional media and the training of interpersonal communication trainers.

Refugee emergency

80. The goal of this programme is to meet the needs of refugees, especially women and children, by means of two projects: (a) water and sanitation; and (b) support of vulnerable sectors. The water and sanitation project will assist in particular the construction of latrines in the refugee camps; the strengthening of the water point maintenance system; and the provision of vaccines and inoculation materials. The support of vulnerable sectors project will assist refugee orphans and women by supporting the activities of the NGOs working in the field.

Human development support

81. The goals of this new programme will be to contribute to the preparation and implementation of the Government's human development programme with the help of UNDP and other United Nations agencies; to strengthen national capacities in the collection, analysis and use of social data in order to better focus activities in those areas; and to ensure the monitoring of the 1993-1995 mid-term and decade objectives. The programme consists of two projects: the development of social policies and monitoring the decade objectives.

82. The social policies development project will carry out sectoral studies of current policies and organize seminars and round tables to define sectoral strategies and policies; it will also train staff of the technical services responsible for formulating social policies. The project on monitoring the decade goals will make possible the establishment of a structure for monitoring indicators; the provision of computers and office supplies for that structure; carrying out surveys and working out specific data-processing techniques; and the training of staff of the statistical services involved in monitoring the social situation in methods of social data collection and processing. A structure responsible for monitoring the social situation, evaluating indicators and formulating coherent social development strategies will be established and work in close cooperation with the national committee for study of the human development initiative.

Monitoring and evaluation

83. UNICEF will be responsible for monitoring the programme, in cooperation with the Government. Field trips will be organized, annual reviews programmed and periodic evaluations carried out.

Cooperation with other agencies

84. UNICEF intends to strengthen its cooperation with the other organizations of the United Nations system as well as other donors and development partners. The NPA, the plan of action for the mid-term objectives and the human development programme now being worked out will constitute an ideal framework for this cooperation.

IV. NIGERIA

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 yrs)	59.0
U5MR (per 1,000 live births)	191
IMR (per 1,000 live births)	114
Underweight (% moderate and severe) (1990)	35.7
Maternal mortality rate (per 100,000 live births) (1988)	800
Literacy (% male/female) (1990)	62/40
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%) (1991)	65
Access to safe water (%) (1991)	36
Access to health services (%) (1989)	66
GNP per capita (1992)	$320

One-year-olds fully immunized against:

tuberculosis:	43 per cent
diphtheria/pertussis/tetanus:	29 per cent
measles:	34 per cent
poliomyelitis:	29 per cent

Pregnant women immunized against:

tetanus:	33 per cent

The situation of children and women

85. With a population of 96.4 million in 1994, Nigeria is the most populous country in Africa. Annual population growth rate is 2.9 per cent. Although 70 per cent of the population dwell in rural areas, the population in Lagos and other cities is growing at 6 per cent per annum. Over 45 per cent of the population is under 15 years of age.

86. Even with vast oil reserves and other natural resources, Nigeria has slumped from a middle-income country in the 1970s to low-income status in the 1990s. During the last decade, the per capita GDP plummeted from $1,000 to barely $320. Unabated population growth and political instability also have retarded progress for children and women.

87. IMR and U5MR are 114 and 191 per 1,000 live births, respectively. The major causes of death for infants and children under five years of age are malaria, diarrhoea, ARI, measles and malnutrition. Forty-three per cent of children under five years of age suffer from chronic malnutrition, and 9 per cent suffer from acute malnutrition. Micronutrient problems related to

iodine, vitamin A and iron deficiencies are pervasive. Vaccination coverage declined from 65 per cent in 1990 to 29 per cent in 1993.

88. Approximately 36 per cent of the rural population have access to safe water supplies, and 30 per cent have access to sanitation facilities. Despite initiatives to eliminate guinea worm disease, Nigeria has the highest incidence of the disease in the world. River blindness is also a major problem.

89. Gross primary school enrolment is 93 per cent for boys and 75 per cent for girls, a slight increase in the enrolment of boys over the last decade. Gender disparity is highest in the north.

90. The low status of women has remained virtually unchanged over the past decade. MMR is very high, at 800 per 100,000 live births. Inadequate prenatal and post-natal care and anaemia are the main causes of maternal deaths. Underlying factors include a low rate of literacy, female genital mutilation, early marriage and heavy workloads. Women's participation in community and political decision-making is marginal.

91. More recent problems include the growth of urban slums and the increase of street children and working children in major cities. Comprehensive data is lacking, but recent studies suggest that these children have little access to basic services. HIV/AIDS cases are increasing, with 23 cases in 1989 and 972 cases in 1993. HIV seroprevalence is estimated at 12 per cent among pregnant women and 17 per cent among commercial sex workers.

92. With the support of many NGOs and traditional, religious and civic leaders, the Government is pursuing the ideals of the World Summit for Children and the Convention on the Rights of the Child. The NPA is being implemented through decentralization with state programmes of action.

Programme cooperation, 1991-1995

93. UNICEF cooperation in health focused on sustaining the high vaccination coverage achieved in 1990; expanding the use of ORT; expanding the Bamako Initiative programme; controlling river blindness; and promoting the development of the PHC approach for maternal and child health (MCH), safe motherhood, ARI and HIV/AIDS.

94. CDD progressed with the establishment of diarrhoeal training units and training for case management, technical and managerial skills and multi-media communication materials. The Bamako Initiative programme expanded coverage to 49 local government authorities (LGAs) with 9.2 million people. Major challenges for the Bamako Initiative include the limited role of women in decision-making, weak managerial capacity, low government funding and inadequate accountability. UNICEF assistance for river blindness was used to treat 1.1 million victims in seven endemic states.

95. UNICEF support in nutrition focused on household food security. Some 1,300 hectares of demonstration farms for palm oil, cassava, soy beans and

grains involved 9,000 households in 71 LGAs; approximately 10,000 extension-workers were trained; 22 supplementary foods for young children were produced, based on local staple food; and growth monitoring and promotion activities were implemented. Programme adjustments led to virtual universal salt iodization and distribution of vitamin A supplements. Seventeen federal university hospitals qualified as "baby-friendly", and major infant food companies ceased providing free infant foods to hospitals.

96. For the first three years of the education programme, UNICEF supported situation and policy analysis, early child care development and education, and women's education. Mid-term adjustments gave a sharper focus to reduction of gender disparity and acceleration of primary education. Training introduced for local governments and communities focused on microplanning in primary education. UNICEF also assisted in the preparation of an Education For All plan. Advocacy focused on a higher budgetary allocation for primary education. UNICEF and UNESCO advocated for legislation to prohibit parents from withdrawing girls from school. Capacity-building included training of 1,200 primary education teachers, supervisors and inspectors to upgrade pedagogical and management skills. Rapid resource assessments specified unmet needs, particularly in the north, where enrolment and completion rates are lowest. More active participation of local governments and communities led to improved microplanning and management of primary education.

97. The water supply and sanitation programme covered 70 LGAs in 16 states where guinea worm is endemic. UNICEF supported the promotion of environmentally-friendly technologies, e.g., hand-pumps, hand-dug wells, spring-water development, rain-water harvesting and ventilated improved pit (VIP) latrines. The drilling component progressed modestly, but programme management capacity and community participation were weaker in some states and LGAs. The guinea worm eradication initiative generated cooperation with Global 2000, an NGO associated with the Carter Presidential Center in Atlanta, Georgia (United States). The Federal Ministry of Health and Social Services succeeded in reducing reported cases from 650,000 in 1985 to 12,000 by 1994. Training of village-based health workers in hygiene education and the use of filters was key to this success, as was a comprehensive surveillance and reporting system.

98. UNICEF supported an analysis of the situation of children in especially difficult circumstances and strengthening the capacity of NGOs to implement innovative programmes for these children. As a result of a recommendation from the mid-term review, the National Commission for Women assumed responsibility for policy, advocacy, promotion and programme coordination in the area of children in especially difficult circumstances.

99. For improving information and communication, UNICEF supported the establishment of the National Committee for the Implementation and Monitoring of the Rights of Children, with representation at federal, state and LGA levels, under the aegis of the National Commission for Women. UNICEF also supported printing and distribution to schools of Facts for Life in four major Nigerian languages; a series, "Let Them Live", with the cooperation of 13 television and 15 radio stations; "Adventures of Junior", a comic strip in national dailies

that highlighted vital messages on children; and a radio series on AIDS, "Ijuju kalakuta", to promote responsible, safe sexual behaviour by youth. UNICEF supported the preparation of a national NGO directory which facilitates inter-agency communication. Workshops at LGA levels helped to improve implementation of area-based programmes.

100. In planning and social statistics, an interministerial committee was established to improve programme coordination and monitoring at federal and state levels. The Federal Office of Statistics established an inter-agency task force to monitor progress toward achievement of the mid-decade goals. UNICEF and the World Bank supported a study on poverty.

Lessons learned

101. The absence of a suitable government mechanism for programme coordination severely constrains the scope for strong interlinkages between health, nutrition, education and water supply and environmental sanitation. The lack of a clear government policy on poverty alleviation and the absence of guidelines on gender sensitivity were detrimental to programme progress. A clearer operational framework would help to ensure more community participation in programme management.

Recommended programme cooperation, 1996

Estimated annual expenditures

(In thousands of United States dollars)

	1996
General resources	
Primary health care	3 330
Water supply and environmental sanitation	2 160
Basic education	1 890
Nutrition	1 620
Social planning and statistics	600
Social mobilization and advocacy	750
Gender in development	840
Urban basic services	540
Children in especially difficult circumstances	270
Programme support	4 000
Subtotal	16 000

Supplementary funding

Primary health care	1 813
Water supply and environmental sanitation	1 176
Basic education	1 029
Nutrition	882
Social planning and statistics	420
Social mobilization and advocacy	525
Gender in development	588
Urban basic services	378
Children in especially difficult circumstances	189
Subtotal	7 000
Total	23 000

Objectives and strategies

102. The objectives of the current programme of cooperation for the period 1991-1995 will be extended through the short-duration programme for 1996. The principal strategies are (a) to accelerate coverage through innovative and improved coordination mechanisms for basic services; (b) to strengthen capacity in planning and management at all levels and foster accountability and cost-effective basic services; (c) to strengthen poverty alleviation through sharper targeting of disadvantaged areas and groups; (d) to promote community and family empowerment with self-help initiatives, particularly among women; and (e) to build a critical mass of advocates and partners for children and women who use advocacy and social mobilization to support implementation of the Convention on the Rights of the Child and NPA.

Primary health care

103. The focus is to achieve and sustain the mid-decade goals through (a) revitalization of a community health system based on the Bamako Initiative; (b) more effectively managed programmes in immunization, ARI, malaria control and prevention of river blindness; and (c) promotion of safe motherhood, reproductive health and HIV/AIDS prevention.

104. A major priority will be to strengthen integrated delivery of immunization, CDD and ARI services. UNICEF will support the National Primary Health Care Development Agency by providing essential drugs, basic equipment and transport to build capacity in 5,360 first referral-level clinics, as part of the Bamako Initiative. UNICEF also will strengthen the management of drugs and supplies at all levels of Government, as well as at the community level. UNICEF will help to strengthen the roles of NGOs and voluntary organizations in cold-chain management, promotion of safe motherhood and reproductive health and training of traditional birth attendants (TBAs).

Water supply and environmental sanitation

105. Coverage will be expanded for the rural population and the urban poor, using, inter alia, improved inter-agency coordination. UNICEF support will help to strengthen the capacity of the Federal Ministry of Water and Rural Development in planning and management. Cooperating states will be helped to define more clearly state agency responsibilities for planning, coordination and monitoring.

106. In cooperation with the Federal Office of Statistics and the Federal Ministry of Water and Rural Development, UNICEF will support an inventory of existing water supply points in all states. Community-based water supply and sanitation committees will be supported, and local and state personnel will be trained in the installation and maintenance of water supply and environmental sanitation facilities. The private sector will be encouraged to manufacture cost-effective hand-pumps. UNICEF also will promote low-cost, effective latrines. Advocacy will cultivate community behavioural change related to improved personal hygiene.

107. UNICEF will continue to cooperate with the Nigeria Guinea Worm Eradication Programme in order to accelerate progress towards eradication. A case containment strategy will be introduced. Procedures for certification of the elimination of the disease will be instituted jointly with WHO.

Basic education

108. For national capacity-building, UNICEF will provide technical and other assistance to the National Primary Education Commission and its seven zonal offices for improving community participation in educational planning and management. Approximately 120 primary school head teachers will receive management training, and teachers' skills in multi-grade and large-group teaching will be upgraded. Low-cost learning materials also will be developed.

109. Non-formal education for girls will focus on sustaining gains in two northern zones. The National Education Technology Centre and the National Teachers' Institute will receive technical support for the production of simple learning materials in reading, writing, arithmetic and life skills, based on Facts for Life, and training and retraining of teachers and teacher aides. For ECD, technical and financial support will be provided to improve the quality of training for child-care providers by developing innovative instructional materials. Ten state colleges of education will be supported to incorporate ECD principles and methodology into the training of teachers.

Nutrition

110. UNICEF will support (a) strengthening the capacity of the National Inter-agency Committee on Food and Nutrition to improve policy coordination; (b) expanding coverage of vitamin A distribution through the PHC system; (c) establishing an effective monitoring system for the control of iodine deficiency diseases (IDD) in cooperation with the Standards Organization of

Nigeria and the National Food and Drug Authority; (d) certifying more health facilities as "baby-friendly"; and (e) more systematic use of experiences gained in promoting production, processing and storage of nutritious foods. UNICEF will assist participating ministries and NGOs to mobilize traditional leaders, households and communities in assessing, analysing and designing sustainable actions for the prevention of malnutrition.

Social planning and statistics

111. This programme seeks to build and to strengthen capacity for social planning at federal, state and LGA levels and to mobilize indigenous resources to help sustain services for children and women. UNICEF will (a) assist in the preparation of state programmes of action for poverty alleviation in eight states, and later, in other states and LGAs; (b) provide technical and material assistance to enhance coordination among the Government, NGOs and communities in planning and delivery of basic services; (c) strengthen the capacity of the Federal Office of Statistics for gathering, analysing and monitoring data related to the decade goals. Priority activities will include disaggregation of data by state and LGA to highlight disadvantaged groups and the establishment of sustainable system for analysing gender-sensitive statistics for planning services for women.

Social mobilization and advocacy

112. UNICEF will assist the National Commission for Women and the Interministerial Committee on the Rights of the Child to mobilize public support for new legislation to safeguard the rights of children and to mobilize more resources at all levels of Government for basic services. UNICEF also will assist ministries and NGOs to promote innovative media initiatives related to increasing communal use of basic services. This assistance will support training and technical assistance to increase the organizational capacities of these agencies.

Gender in development

113. The programme will (a) strengthen national consensus to combat traditional and institutional practices that are detrimental to girls and women; (b) enhance the capacity of government personnel at subnational levels and cooperating NGOs to plan and implement gender-sensitive programmes; and (c) establish appropriate mechanisms for community mobilization and the implementation of economic development and other activities for women. UNICEF will provide technical and other support for (a) the production of communication materials for the mobilization of traditional and religious leaders and professional societies on the eradication of harmful traditional practices; (b) training and assessment to strengthen gender-sensitive programming and training at subnational levels; and (c) promotional activities to ensure that financial institutions support rural women's enterprises and mobilize community leaders and women's groups for rural credit.

Urban basic services

114. Cooperation will (a) integrate the needs of children and women into policies on the urban poor; (b) facilitate access of poor households to basic services; and (c) organize poor, urban communities and strengthen their capacity for planning and implementation of basic social services.

115. UNICEF will provide technical and other support to the National Planning Commission to incorporate provisions related to the urban poor into the National Rolling Development Plan, which would lead to improved policies and use of resources. A 1994 UNICEF-assisted study on the urban poor will be presented to a symposium of policy makers. UNICEF will support Lagos State in planning and implementing multiple basic services for 10 urban slums in the city of Lagos. Co-financing will be undertaken jointly by the People's Bank of Nigeria and Urban Development Bank of Nigeria. The Community Development Associations in selected slum areas will be trained and assisted in community organization, project identification and preparation, and enhancing cooperation with service delivery systems. A small-scale credit scheme for income-generation activities will be tested with women's groups.

Children in especially difficult circumstances

116. The programme will (a) strengthen and consolidate existing programmes; (b) incorporate concerns on children in especially difficult circumstances into education, health, nutrition programmes; and (c) strengthen the management capability of cooperating partners, particularly NGOs. UNICEF will support efforts of the National Commission for Women, sectoral agencies and NGOs, such as the African Network for the Prevention and Protection Against Child Abuse and Neglect, to prepare a national policy and programme of action for children in especially difficult circumstances. Exchange of programme experiences with neighbouring countries will be promoted, and innovative schemes will be tested.

V. SIERRA LEONE

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	2.1
U5MR (per 1,000 live births)	284
IMR (per 1,000 live births)	164
Underweight (% moderate and severe) (1989-1990)	28.7
Maternal mortality ratio (per 100,000 live births) (1988)	450
Literacy (% male/female) (1990)	31/11
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%) (1991)	37
Access to health services (%) (1990)	38
GNP per capita (1992)	$160
One-year-olds fully immunized against:	
tuberculosis:	79 per cent
diphtheria/pertussis/tetanus:	63 per cent
measles:	67 per cent
poliomyelitis:	63 per cent
Pregnant women immunized against:	
tetanus:	81 per cent

The situation of children and women

117. During the 1980s and early 1990s, Sierra Leone experienced economic decline, increasing poverty, low priority for social services and amenities and a serious rebellion. The country was reclassified to the status of a least developed country in 1983. The per capita income is about $160, approximately one half of the level of 1980. No longer a net exporter of rice, Sierra Leone imports 40 per cent of its rice needs. Since the coup d'état in 1992 the economy has begun to recover. The rate of inflation has decreased from 115 per cent in 1991 to 21 per cent in 1993. However, unemployment and high food prices are problems. Macroeconomic programmes for structural adjustment and poverty alleviation are in place. A constitutional movement towards democracy has emerged.

118. The rebellion continues to hamper economic and social recovery. Access to UNICEF areas of intervention has been reduced owing to lack of security. Many people have moved to urban centres, or have agglomerated in displaced persons camps. Hundreds of children have been orphaned by the rebellion. Some 1,000 children have experienced severe trauma as combatants, and there are an

estimated 2,000 street children in Freetown. Some children experience sexual abuse and drug abuse, but data is scarce on these problems.

119. The Convention on the Rights of the Child has been ratified. Ratification has improved prospects for implementation of the NPA for children, which is the country's response to the goals of the World Summit for Children. The head of State has instructed authorities to prepare semi-annual reports on progress towards the achievement of the decade goals and the report to the Committee on the Rights of the Child. As of end 1994, the report was two years overdue. The Government has released an estimated 570 child soldiers for rehabilitation in response to UNICEF advocacy. The health and education plans of action in the NPA also incorporate the mid-decade goals, along with approaches for greater efficiency and accountability of services. Government budgets for health and education for the 1994/1995 fiscal year were increased by 36 and 52 per cent, respectively. As a strategy for increasing coverage of basic services, the Government has promulgated a policy of decentralization.

Programme cooperation, 1991-1995

120. The objectives of the country programme were to create a sustainable community structure through which vulnerable groups could be motivated to participate in social and economic development; to achieve universal access to MCH services by 1995; to design services to enable young school-leavers to attain minimum life skills; and to make rural primary education more relevant.

121. As a result of the rebellion, the current country programme had to be modified to also provide humanitarian assistance as well as support to existing services. In the two thirds of the country that are secure, EPI and related services, such as the distribution of vitamin A capsules, were implemented under the concept of EPI plus. However, government funds for programmes were limited owing largely to the high costs of handling the rebellion. As a result, most other social service initiatives were limited to pilot projects.

122. Health was the main programme, with the focus on EPI and CDD. UNICEF advocacy paved the way for the incorporation of the goals of the World Summit for Children into the National Health Action Plan and the National Education Action Plan for 1994-1999. EPI coverage, which had reached 75 per cent in 1990, declined to a low of 69 per cent for poliomyelitis in 1993. The Government is, however, pursuing the mid-decade goal of 80 per cent coverage, and efforts were made in 1994 to achieve universal child immunization. There was also improvement in coverage in areas affected by armed conflict and immunization coverage in the municipalities. UNICEF supported efforts to increase ORT use through a communication strategy, which used a community participation approach and collaboration with NGOs. ORT is being promoted through 16,000 trained community motivators. ORT use increased from 40 per cent to about 65 per cent in 1994. In the area of PHC, the essential drugs programme was expanded into the Bamako Initiative. Currently, 125 out of 196 health centres in five priority districts are using the Bamako Initiative strategy. Family planning motivation activities reached over 500 Muslim leaders and related IEC materials

were produced. However, there has been no significant increase in the use of contraceptives.

123. During an outbreak of cholera in 1994, an intensive public health education campaign was launched. UNICEF also assisted with high-level advocacy and public information on the merits of iodized salt. The Government has issued a ban on the importation of non-iodized salt. The installation of iodization plants is under way; the plants will iodize all salt produced locally. Surveillance of household use of iodized salt is planned. Training in lactation management and BFHI concepts and procedures was provided for health personnel. The 26 hospitals targeted for BFHI should become accredited by 1995. As part of safe motherhood, family planning and CDD activities, support groups for mothers were organized to make maternities in seven districts fully "baby-friendly".

124. Strengthening of household food security and improving the nutritional status of children were the priorities in the five districts of the area-based programme. UNICEF support covered 600 villages and 16 peri-urban areas of Freetown. In the villages, UNICEF supported food production and processing by increasing family access to credit, higher-quality seeds and tools; activities to prevent harvest losses; and income-generating activities for women. UNICEF supported the rehabilitation of 200 traditional water sources, the construction of 2,000 VIP latrines in 200 communities; the training of 371 local masons; the sensitization of 700 village development committee members on hygiene and sanitation; and the training of 156 hand-pump caretakers. In addition, construction of 200 hand-dug wells and 600 VIP latrines were supported under the emergency programme in Kenema, Kono and Kailahun districts.

125. UNICEF assistance in education aimed at increasing primary school enrolment, reducing drop-outs and improving the curriculum. A health education component based on Facts for Life was introduced and is being implemented in all primary schools. UNICEF supported the use of local languages for instruction, and these are now used in adult literacy classes in 264 centres in five districts. The Government intends to use local languages in primary schools. The pilot programme on primary education using non-formal strategies and targeting girls was successfully implemented in 265 centres in five districts. Activities included curriculum development and preparation of teaching guides and reading materials. The Government plans to expand the use of non-formal education as part of the education plan of action.

126. Advocacy on the Convention on the Rights of the Child helped to reunite 314 former child soldiers with their families. A study on street children stimulated a review of the laws with respect to child protection. An analysis of exploitation of children in Freetown is being led by the Mayor.

127. In locations affected by armed conflict, UNICEF is providing relief assistance for health, water supply and sanitation, nutrition, household food security and education. The strategy is to improve the capacity of the Government and NGOs and strengthen community capacity to cope with protection, rehabilitation and development. Together with UNDP and others, a national policy on relief, rehabilitation and disaster-preparedness is being formulated.

Lessons learned

128. The country's low level of economic development, coupled with the prolonged rebellion, have made programme implementation difficult. However, there has been some increase in district government capacity, and positive public responses to social mobilization for EPI have provided a stronger foundation for all programmes. Therefore, UNICEF will continue to help improve district planning and management. However, insufficient attention was given to monitoring the welfare of children. The capacity of government departments for monitoring the welfare of children is low owing to the lack of skilled personnel and inadequate funding. The dearth of basic data on children further limits the effectiveness of government policies and use of legislation to improve the protection of children. In addition, communities have participated in planning, implementation and monitoring of activities, mainly through consultations, workshops and formation of village communities. However, the approach is inadequate. Instead of having solutions proposed by agencies and ratified by communities, the focus should change to involve communities in analysing problems and defining sustainable solutions.

Recommendation for additional general resources for the approved country programme, 1991-1995

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1995
1991-1995	7 772	200

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

129. The Sierra Leone programme for the period 1991-1995 was approved by the Executive Board in 1990 (E/ICEF/1990/P/L.10), with an allocation of $6,250,000 in general resources and $4,731,000 in supplementary funds. The general resources planning level was increased by $200,000 in 1994 to help meet targets set for the mid-decade goals. Thus, an additional $200,000 in general resources are required for 1995. The funds will be utilized for EPI, ORT, universal salt iodization, BFHI and primary education.

Recommended programme cooperation, 1996-1997

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1996	1997	Total
Emergency programme and children in especially difficult circumstances	1 050	850	1 900
Health and micronutrient deficiencies	280	300	580
Nutrition household food security	70	150	220
Water supply and sanitation	50	70	120
Basic education	200	280	480
Social mobilization	50	50	100
Social planning	100	100	200
Subtotal	1 800	1 800	3 600
Supplementary funds			
Emergency programme and children in especially difficult circumstances	2 228	1 675	3 903
Health and micronutrient deficiencies	560	700	1 260
Nutrition household food security	250	450	700
Water supply and sanitation	100	200	300
Basic education	250	363	613
Subtotal	3 388	3 388	6 776
Total	5 188	5 188	10 376

Programme goal and objectives

130. The goal for the two-year short-duration programme of cooperation will be to contribute towards peace and the survival, protection and development of the most vulnerable children and women in Sierra Leone, in the context of a potentially unstable programming environment.

Emergency and children in especially difficult circumstances

131. Emergency programme objectives are to prevent deaths and alleviate physical and psychological suffering among the most vulnerable children and women most affected by the rebellion.

132. Programme interventions will focus upon cholera, measles and tetanus prevention and supplementary feeding. In accessible areas, education, basic health care, water supply and sanitation and household food security interventions will be included. Activities for children in especially difficult circumstances will cover 10,000 children traumatized by war to reduce psychological suffering and to alleviate the risk of disease for 2,000 street children in Freetown, abandoned children, orphans and women. The situation of children in especially difficult circumstances will be promoted by highlighting the key issues affecting these children. Training of NGO and government staff for improved supervision, follow-up and monitoring will be conducted. Support will be provided to media, traditional institutions, women groups and educational institutions for dissemination of the Convention on the Rights of the Child and peace education; expansion of community-based psycho-social services; and reintegration of children affected by the war, as part of the rehabilitation programme. Collaboration with NGOs will be strengthened, and synergism between sectoral interventions will be a priority. Interventions will focus upon population agglomerations.

Health and micronutrient deficiencies

133. The objectives of this programme are to reduce infant, child and maternal mortality due to vaccine-preventable diseases and other priority health problems by 20, 25 and 0.5 per cent, respectively; to reduce deaths caused by cholera-related dehydration to a maximum of 5 per cent of cases; to eliminate the risk and exposure of accessible populations to IDD; and to reduce infants' exposure and risk to infections and disease. Health services will be increased in quantity and quality in accessible areas, using Bamako Initiative principles and focusing on the minimum district health package, which includes EPI, CDD, ARI and malaria control, as well as their respective case management, and antenatal and post-natal care and safe deliveries. For EPI and ORT, workers will be trained and facilities will be equipped to ensure daily availability of the services, which will be promoted through IEC activities. Primary health units will be equipped for safe motherhood, including family planning, and 500 TBAs will be trained. Social mobilization will be intensified to encourage the development of support groups for mothers. The elimination of IDD will be consolidated further by strengthening monitoring mechanisms. To enhance implementation, capacity-building and continuous follow-up will be provided in community management, supervision and disease surveillance.

Nutrition and household food security

134. Programme objectives are to reduce protein energy malnutrition among high-risk children and women in accessible areas and to increase by 50 per cent participation of women in community management committees, coupled with

management training to empower women to manage the projects. Assistance will be provided to increase food production, processing and storage. Seed money will be provided for income generation. In the western area of the country, UNICEF interventions will be expanded from 16 to 30 peri-urban and rural settlements. The activities will aim at increasing the ability of families to meet their own needs.

Water supply and sanitation

135. Programme objectives include the reduction of the average number of annual diarrhoea episodes among children under five years of age in accessible areas by 30 per cent and to reduce the average amount of time spent by women for household water collection in accessible areas by 25 per cent. Convergence and complementarity with the other sectoral programmes will be maximized. Sustainable approaches using hand-pump-based water supplies and low-cost latrines will be promoted, with maintenance training and cost-sharing as key elements. Monitoring and capacity-building will be pursued to enhance sector management, planning and advocacy initiatives.

Basic education

136. The programme will contribute to the reduction of drop-out rates of children before completion of grade five of primary school from 25 to 20 per cent; the reduction of the disparity in enrolment rates between boys and girls from 15 to 10 per cent; and the reduction of the use of violence as a mechanism for conflict resolution. Social mobilization activities will be continued to ensure that non-formal primary education is firmly institutionalized, and priority for the girl-child will be advocated. The programme thrust will be on both manpower and institutional capacity-building in management, monitoring, coordination and research and on community empowerment for both adult literacy and non-formal primary education. Service delivery targets will include the establishment of 100 new non-formal primary education centres, the upgrading of 50 formal primary schools and the establishment of 40 adult literacy centres.

Social mobilization

137. The programme will contribute to increasing the household use of ORT from 60 to 80 per cent; increasing the proportion of existing latrines used by 40 per cent; enhancing public support on behalf of children in especially difficult circumstances; the demobilization of child soldiers; and promoting the use of peaceful means of conflict resolution. A baseline will be established through a rapid assessment survey. Social mobilization will support all programmes and sustain and enhance political commitment for vulnerable children and women. Such broader and holistic mobilization efforts will use instruments such as the Convention on the Rights of the Child, Progress of Nations and The State of the World's Children. Additionally, 100 animators will be trained to improve overall IEC services centred upon the survival, protection and development of vulnerable children and women.

Social planning

138. This programme aims at strengthening the social sector database, monitoring and local level-planning capacities, with specific reference to support for NPA implementation, and monitoring through semi-annual and annual reviews and the development of work plans. Monitoring the Convention on the Rights of the Child will be incorporated into the process, with specific emphasis on child rights and protection.

VI. ZAIRE

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	20.6
U5MR (per 1,000 live births)	187
IMR (per 1,000 live births)	120
Underweight (% moderate and severe) (1975)	28.4
Maternal mortality ratio (per 100,000 live births)(1987)	800
Literacy (% male/female 1990)	88/61
Primary school enrolment (% net, male/female) (1987)	66/51
Primary school children reaching grade 5 (%) (1985)	69
Access to safe water (%) (1990)	39
Access to health services (%) (1987)	26
GNP per capita (1992)	a/

One-year-olds fully immunized against:

tuberculosis:	43 per cent
diphtheria/pertussis/tetanus:	29 per cent
measles:	33 per cent
poliomyelitis:	29 per cent

Pregnant women immunized against:

tetanus:	25 per cent

a/ Estimated to be low-income ($675 or less).

The situation of children and women

139. Despite recent moves towards democracy and the mid-1994 appointment of a Government, a lack of a political consensus has resulted in little progress in addressing underlying problems. The state-owned sector of the economy remains largely insolvent; there is an almost total collapse of public administration, infrastructure and social services. Since 1988, the economy has contracted by 40 per cent. Per capita GDP was estimated at $117 in 1993. Hyper-inflation is running at between 4,000-5,000 per cent per annum. Despite an active informal sector, some 80 per cent of the population face economic poverty.

140. As the salaries of government staff either go unpaid or are eroded by inflation, public social services, including schools and health services, are barely operational. Most services have been unable to replace the equipment and supplies lost in a 1993 looting by the army. Spontaneous community

contributions to salaries for staff and materials have kept open some public social services. However, such initiatives are becoming rare because of the deteriorating economy. NGOs, particularly those associated with the widespread network of churches, remain the main source of social services.

141. Most people subsist on a largely vegetarian diet with low grade staples. Protein calorie malnutrition among children under five years of age is increasing.

142. An estimated 1.5 million people internally displaced from Shaba Region by ethnic conflicts are still not resettled adequately in their native regions of East and West Kasai. Of these, some 16,000 are living in camps with minimal basic services. In north Kivu, most of the 400,000 persons previously displaced from Masisi to Goma have been able to return home, but they also require support in re-establishing their economy and social services.

143. During 1994, eastern Zaire was further affected by a massive influx of some 1.4 million refugees from Rwanda, over and above the 400,000 refugees who fled there earlier from Burundi. Bas-Zaire is also host to some 18,000 refugees from Angola. Particularly in eastern Zaire, both the numbers of refugees and the speed of their arrival have overstretched severely the scarce social and economic resources in the region. Although foreign humanitarian aid has helped in meeting basic needs of refugees, it also has highlighted the plight of the Zairian population and the fragile security situation in the area. Of particular concern is the situation of some 100,000 unaccompanied children from Zaire and Rwanda.

144. The impact of the deteriorating conditions in the country on children and women has been devastating. Between 1985 and 1993 IMR has increased from 104 to 120 per 1,000 live births, with low birth weight, measles, diarrhoeal diseases and malaria as the main causes of infant mortality. U5MR increased from 134 to 187 per 1,000 live births during the same period owing to the same causes as those for IMR, with malnutrition as an additional aggravating factor. Reliable national data on maternal mortality is unavailable. Local samples show estimates of MMR varying between 101 and 2,100 per 100,000 live births. High maternal mortality results from a combination of high fertility and the incapacity of health services to prevent and respond to obstetric emergencies.

145. The reduction of access to basic health services, low vaccination coverage, poor individual nutrition and low household food security, and the deterioration of water supply and sanitation facilities have combined to increase the number of disease outbreaks. Lack of case management also results in high case fatality rates. Vulnerability to morbidity and mortality has increased further for both children and women because of a significant increase of HIV/AIDS.

146. Unfortunately, all these serious problems have resulted in only minor progress towards achievement of the mid-decade goals. Immunization coverage remains at approximately 30 per cent; iodized salt is not generally available; primary school enrolment, particularly of girls, is declining; and the expansion of water supply and sanitation facilities is progressing at barely 1 to

2 per cent annually. However, all the decade goals are relevant priorities for Zaire.

147. With World Bank and major bilateral development assistance suspended, international aid to Zaire currently is restricted to humanitarian assistance. The international response to United Nations appeals has been limited by donors' concerns about the capacity of the Government to effectively channel assistance to communities.

148. That the situation of children and women is not worse is testimony to the resilience of the people and their ability to cope through community-based initiatives and NGOs. However, international assistance is required to sustain and expand community-operated basic services.

Programme of cooperation, 1993-1995

149. The aim of the short-duration programme for the period 1993-1995 was to promote basic services for children and women in a country context of political, financial and administrative instability. Specific objectives were to reduce IMR, U5MR and MMR; to reduce malnutrition and micronutrient deficiencies; to restore the quality of education and provide educational opportunities for girls and women; to reinforce health and education interventions through the promotion of low-cost water supply and sanitation technologies in health centres, schools and communities; and to mobilize public support for protection and development of children living under especially difficult circumstances. A strategy to improve cost-effectiveness involved concentrating activities in the six regions covered by UNICEF sub-offices. At the regional level, the capacity of the Government, NGOs and other institutions in the social sector would be reinforced.

150. The political and economic crisis within Zaire, which began in 1993, has put the majority of UNICEF cooperation into an emergency operation. The presence of UNICEF sub-offices has permitted UNICEF to respond with health equipment and essential drugs kits for health centres, as well as with classroom supplies and building materials to re-equip and repair schools that were looted. Water supply and sanitation facilities also were supported in affected locations. UNICEF also assisted displaced populations with shelter materials. The breakdown of health and other public services resulted in an increase in epidemics, and UNICEF supported control measures through the provision of vaccination supplies and equipment, ORS and technical assistance. Three regional cold rooms also were established. Most activities had a high degree of NGO involvement.

151. Achievements in relation to the 1993-1995 programme targets have been limited by the major constraints faced during 1993 and 1994. These constraints included: (a) the total destruction of the UNICEF country office's records and equipment during the January 1993 looting, the temporary evacuation of staff and the time needed to reestablish the office; (b) the rotation and replacement of international staff; (c) the lack of government funding and the high cost of internal freight, especially airfreight, given the collapse of surface transport

infrastructure; and (d) the assignment of UNICEF Zaire programme staff to Rwanda emergency operations in north and south Kivu. As a result, many activities, including monitoring and evaluation and capacity-building with local-level governments, NGOs and communities, have had to be rescheduled for implementation during 1995. The experience in 1993 and 1994 suggests that the UNICEF decentralized approach and cooperation with NGOs are appropriate to the current situation. However, these strategies will be streamlined during 1995 and in the short-duration programme of cooperation proposed below for the period 1996-1997.

Recommendation for additional general resources for the approved country programme, 1993-1995

152. In 1995, the general resource planning level for the programme of cooperation in Zaire was increased from $6,800,000 to $7,000,000, reflecting the worsening country indicators. Since the approval of the current country programme for the period 1993-1995 (E/ICEF/1993/P/L.25), programme support costs have exceeded planning estimates, because of increased transport costs and staffing needs. As a result, additional general resources of $373,000 are required to meet the approved planning level of the country for 1995. The additional resources will be distributed mainly among the various projects within the health programme.

Annual funding requirements

(In thousands of United States dollars)

Current programme cycle	Approved general resources funding a/	Additional funding proposed 1995
1993-1995	20 460	373

a/ The amount shown here includes the actual balance carried over from the previous programme cycle.

Recommended programme cooperation, 1996-1997

Estimated annual expenditure

(In thousands of United States dollars)

	1996	1997	Total
General resources			
Health	2 100	2 000	4 100
Nutrition and household food security	500	550	1 050
Basic education (formal and non-formal)	850	1 000	1 850
Water supply and environmental sanitation	800	850	1 650
Information/communication	250	250	500
Planning and social statistics	2 500	2 350	4 850
Subtotal	7 000	7 000	14 000
Supplementary funding			
Health	1 700	1 500	3 200
Nutrition and household food security	300	300	600
Basic education (formal and non-formal)	500	700	1 200
Water supply and sanitation	500	500	1 000
Subtotal	3 000	3 000	6 000
Total	10 000	10 000	20 000

153. Given the current political context and disruptions in Zaire, approval of a further two-year short-duration programme is recommended, with the hope that a five-year programme can be developed for the period 1998-2002.

Objectives and strategy

154. The overall goal of the proposed programme is to initiate sustainable improvements in basic services for children and women in Zaire, which, in turn, will help to generate progress towards achievement of the decade goals for children. The programme will focus on reduction of U5MR and maternal mortality and on promoting the participation of girls in primary education. The programme strategy will promote and strengthen sustainable, community-operated basic services for health, nutrition, education and water supply, hygiene and sanitation, in seven regions of Zaire, which contain 65 per cent of the population. Advocacy activities for promotion of the Convention on the Rights of the Child will be national in scope. The programme also will seek to further develop the UNICEF emergency response capacity through better preparedness.

155. Given the anticipated continuing constraints in working at the central level, the strategy focuses on empowerment of communities and households and on capacity-building at regional and local levels. The programme will support and develop further the existing network of local associations and other community-based initiatives. UNICEF will strengthen its collaboration with United Nations agencies and international and local NGOs working in the social sector, while involving regional and local governments to the maximum extent possible in partnerships.

156. In order to maximize impact, the programme will consist of a well-defined package of basic services for PHC, household food security and the provision of micronutrients, primary education and water supply and sanitation. Sustainability will be promoted through community co-management and end-user cost-sharing arrangements for this essential package. Women's involvement in planning and implementing interventions will be strongly promoted.

157. To improve cost-effectiveness, UNICEF interventions will be concentrated in the seven regions of Kinshasa, Bas-Zaire, north and south Kivu, East and West Kasai and Shaba, where UNICEF has offices. UNICEF office locations coincide mainly with the largest concentration of vulnerable groups in Zaire, including the internally displaced and refugees. Children and women in especially difficult circumstances in these areas will be identified and targeted for the basic services package. The areas covered also include Zaire's major urban concentrations, where service delivery can achieve the highest coverage. UNICEF will promote regional- and local-level planning in selected health zones. In all programmes, supplementary funds will be used to expand the coverage of activities.

Basic health

158. The programme will focus on support to community-based health services and the promotion of behavioural change towards better health. UNICEF will continue to support community-based health services through the promotion, development and strengthening of the Bamako Initiative approach for revitalizing health structures and enhancing community participation. UNICEF will support activities in selected health zones in the seven regions. EPI will focus on urban areas in order to rapidly increase coverage. CDD activities will be supported in coordination with EPI. EPI and CDD also will be supported in locations outside of the seven regions where cooperation with NGOs has been effective. UNICEF will continue to support the local production of ORS. Communication activities to promote behavioural changes related to EPI and ORT will be expanded to cover other basic health needs, such as safe motherhood, personal hygiene, breast-feeding and the prevention of HIV/AIDS. Facts for Life will provide the basis for health promotion activities, particularly for teenage girls and females of child-bearing age.

Nutrition

159. The nutrition programme seeks to reduce malnutrition in the targeted regions and to increase the availability of priority micronutrients. Child

malnutrition will be addressed through community-based nutrition activities on assessment, analysis and action in selected communities with malnourished children. UNICEF will support NGOs and community associations in activities to promote household food security. A micronutrients initiative will focus on the prevention of IDD through the universal iodization of salt. While advocacy on salt iodization will be national in scope, regional approaches will be developed for salt marketing and social mobilization. UNICEF support for activities to decrease the incidence of other micronutrient deficiencies, particularly vitamin A and iron, will be integrated into the Bamako Initiative for PHC.

Basic education

160. The education programme will address both formal and non-formal basic education. UNICEF will assist in revitalizing the primary school network in the selected regions by improving enrolment, retention and learning achievement, particularly for girls. In an approach similar to that of the supply of essential drugs through the Bamako Initiative, UNICEF will provide school supplies so that parents will be encouraged to participate in sustaining primary education. A monitoring system on school enrolment, attendance and retention will be established. Non-formal education approaches will focus on difficult-to-reach children, particularly among displaced and refugee populations.

Water supply, hygiene and environmental sanitation

161. The programme will complement activities in basic health and primary education through the promotion of low-cost, community-based water supply and sanitation technologies in selected health zones and regions. The strategy will emphasize community ownership and empowerment, partly through rehabilitation of existing infrastructure. The strategy also will focus on assisting the reintegration of internally displaced persons into the two Kasai regions, and address the special needs of refugee areas in eastern Zaire.

Cooperation with other agencies

162. The presence of UNICEF offices at the subnational level, in addition to the office at the capital, provided UNICEF with a special opportunity to strengthen cooperation with other United Nations and bilateral agencies and other international organizations. Where appropriate, UNICEF will engage with others in collaborative programming, especially in instances in which supplementary funding is available. UNICEF will collaborate with other United Nations agencies in identifying training needs for capacity-building. UNICEF also will support other donor programmes through procurement services.

Planning and social statistics

163. The absence of reliable data on the situation of children and women will be addressed through specific studies, including statistically representative sample surveys on key indicators. UNICEF will help to strengthen national capacity in data collection and analysis, as well as support regional- and

local-level capacity-building related to the decade goals and other relevant goals for children in Zaire.

Programme implementation and management

164. In the absence of government funding for programme implementation, UNICEF will have to continue to support programme implementation, including internal logistics and management costs. In order to bring programme planning, management and monitoring closer to the communities in the most difficult regions, UNICEF will further decentralize staff to the subnational levels, while retaining a core team at the national level for overall management and advocacy.